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Attorney's Docket No.: 42390.P2319R

Patent

DECLARATION AND POWER OF ATTORNEY FOR REISSUE PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below, next to my name.

I believe I am the original, first, and sole inventor (if only one name is listed below) or an original, first, and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

the specification of which is attached hereto and was issued as U.S. Patent No. 5,590,342 (the "original patent") from application number 346,040, filed Nov. 29, 1994 (the "original application").

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claim(s), as amended by any amendment referred to above. I do not know and do not believe that the claimed invention was ever known or used in the United States of America before my invention thereof, or patented or described in any printed publication in any country before my invention thereof or more than one year prior to the original application, that the same was not in public use or on sale in the United States of America more than one year prior to the original application, and that the invention has not been patented or made the subject of an inventor's certificate issued before the date of the original application in any country foreign to the United States of America on an application filed by me or my legal representatives or assigns more than twelve months (for a utility patent application) or six months (for a design patent application) prior to the original application.

I acknowledge the duty to disclose all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, Section 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, Section 119(a)-(d), of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

<u>Prior Foreign Application(s)</u>			<u>Priority Claimed</u>	
(Number)	(Country)	(Day/Month/Year Filed)	Yes	No
(Number)	(Country)	(Day/Month/Year Filed)	Yes	No

I hereby claim the benefit under title 35, United States Code, Section 119(e) of any United States provisional application(s) listed below

(Application Number)	Filing Date
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I hereby claim the benefit under Title 35, United States Code, Section 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, Section 112, I acknowledge the duty to disclose all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, Section 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

Full Name of Sole/First Inventor Suresh K. Marisetty  
Inventor's Signature [Signature] Date 5/15/99  
Citizenship India  
(Country)  
Post Office Address (Business or Residence or P.O. Box) 1662 Lederer Cir. San Jose, CA 95131

Indicate below with an "X" whether the Post Office Address set forth above is either:

☒ Residence Address or  
☐ Business Address or other address where mail is customarily received (e.g., P.O. Box).

If the Post Office Address set forth above is not a residence address, then provide the City and State of Residence \_\_\_\_\_

(City and State of Residence)

Full Name of Sole/Second Inventor \_\_\_\_\_  
Inventor's Signature \_\_\_\_\_ Date \_\_\_\_\_  
Citizenship \_\_\_\_\_  
(Country)  
Post Office Address (Business or Residence or P.O. Box) \_\_\_\_\_

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(City and State of Residence)

Full Name of Sole/Third Inventor \_\_\_\_\_  
Inventor's Signature \_\_\_\_\_ Date \_\_\_\_\_  
Citizenship \_\_\_\_\_  
(Country)  
Post Office Address (Business or Residence or P.O. Box) \_\_\_\_\_

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(City and State of Residence)

Full Name of Sole/Fourth Inventor \_\_\_\_\_  
Inventor's Signature \_\_\_\_\_ Date \_\_\_\_\_  
Citizenship \_\_\_\_\_  
(Country)  
Post Office Address (Business or Residence or P.O. Box) \_\_\_\_\_

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If the Post Office Address set forth above is not a residence address, then provide the City and State of Residence \_\_\_\_\_

(City and State of Residence)

(d) Individuals other than the attorney, agent or inventor may comply with this section by disclosing information to the attorney, agent, or inventor.